



TRAUMA CARE

Effective: January 1, 2025
Replaces: January 1, 2024

1. Patient Care Goals

- 1.1. Safe movement of patient to prevent worsening injury severity

2. BLS Treatment

- 2.1. Routine Medical Care – Adult (700-S04)
- 2.2. Complete rapid trauma assessment
- 2.3. Determine if the patient is a major trauma victim (Policy 605), and select the appropriate trauma center (Policy 602)
- 2.4. Address life threatening interventions
 - 2.4.1. Secure **Airway**, if applicable (700-M01)
 - 2.4.2. **Oxygen** – titrate as appropriate
 - 2.4.3. Complete any interventions that may address compromised respirations (occlusive dressings)
 - 2.4.4. Address uncontrolled hemorrhages / apply tourniquets if applicable (700-M17)
 - 2.4.5. Elevate head 30 degrees for suspected intracranial pressure
- 2.5. Apply Spinal Motion Restriction (SMR) as per (700-M11)
- 2.6. If suspected pelvic fracture apply pelvic binding (if available)
- 2.7. If patient is a major trauma victim all BLS and ALS care except for airway management and spinal motion restriction is to be completed en route to the selected Trauma Center

3. ALS Treatment

- 3.1. If the patient is asystolic, terminate resuscitative efforts
 - 3.1.1. If a viable pulseless rhythm is present treat accordingly (700-A07)
 - 3.1.2. Automated CPR devices are prohibited on traumatic arrests (700-M13)
- 3.2. If needed secure airway through ALS interventions (700-M01) and address tension pneumothorax as needed (700-M02)
- 3.3. **Vascular Access (IV) or Vascular Access (IO)**, per procedure (700-M13)
 - 3.3.1. Second **Vascular Access** or saline lock may be established if appropriate
 - 3.3.2. **500 ml Fluid bolus** to maintain a systolic blood pressure of 90 mmHg (700-A10)
 - 3.3.2.1. May repeat fluid bolus to maintain blood pressure
 - 3.3.3. Reassess vital signs after every bolus
- 3.4. Manage pain according to Routine Medical Care – Adult (700-S04)

4. Special Considerations

- 4.1. Do not remove impaled and or penetrating objects unless they pose a risk to airway management, pad and secure the impaled object prior to transport

5. Pertinent Assessment Findings

- 5.1. Optimal trauma care requires a structured approach to the patient emphasizing first control of massive hemorrhage
- 5.2. Target scene time less than 10 minutes for unstable patients or those likely to need surgical intervention



- 5.3. Frequent reassessment of the patient is important a. If patient develops difficulty with ventilation, reassess breath sounds for development of tension pneumothorax
- 5.4. If extremity hemorrhage is controlled with pressure dressing or tourniquet, reassess for evidence of continued hemorrhage
- 5.5. If mental status declines, reassess ABCs (Airway, Breathing, Circulation) and repeat neurologic status assessment

6. Key Documentation Elements

- 6.1. Mechanism of injury
- 6.2. Primary and secondary survey
- 6.3. Vital signs including neurologic status assessments according to
- 6.4. Scene time
- 6.5. Procedures performed and patient response.